Health Connector for the Most Vulnerable: An Inclusive Mobility Experience from Beginning to End

Dallas County, Iowa

Team Members: HIRTA, IBI Group, Routematch by Uber, CTAA, Dallas County Health Department, Capture Management Solution
Project Team

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Program Lead

Santosh Mishra, IBI
Group, Systems Lead

Steve Wilks, IBI Group
Concept Lead

Chris Zeilinger, CTAA
Stakeholder Lead

Tom Coogan, Routematch by Uber, Technology Lead

Abigail Chihak, Dallas County, Healthcare Lead
Agenda

- Project Overview
- Team Organization & Partnerships
- Challenges and Underserved Populations
- Proposed Solutions
- Performance Measures
- Integrated Deployments
- Challenges and Risks
Project Overview: Health Connector

- One-stop solution for
  - Medical and ride booking
  - Patient management
  - Wayfinding
  - Information and Notifications
- Focus on vulnerable populations
- Performance management
- Open architecture
Team Organization & Partnerships: Org Chart

**Stakeholders**
- Government entities
- Human/Social Service agencies
- Healthcare Providers
- Community Partners

**Deployment Partners**
- IBI Group
- Routematch by Uber
- Navi Lens
- Capture Management Solution
- Iowa State University

**Key Personnel**

- **BROOKE RAMSEY**
  - HIRTA Program Management Lead

- **SANTOSH MISHRA**
  - IBI System Development Lead

- **STEVE WILKS**
  - IBI Concept Development Lead

- **ABIGAIL CHIHAK**
  - DCHD Healthcare Lead

- **CHRIS ZEILINGER**
  - CTAAP Stakeholder Engagement Lead

- **TOM COOGAN**
  - Routematch Technology Lead

**Note:**
- HIRTA: Heart of Iowa Regional Transit Agency
- DCHD: Dallas County Health Department
- IBI: IBI Group
- CTAAP: Community Transportation Association of America
- Routematch: Routematch by Uber
Team Organization & Partnerships: Stakeholders

**Government Agencies**
- FTA Region 7
- Iowa DOT
- Dallas County
- City of Perry
- City of Waukee
- City of Adel

**Community Partners**
- Community Members part of Transportation Advisory Group (TAG)

**HealthCare Providers**
- Iowa Total Care (MCO for IME)
- Amerigroup (MCO for IME)
- Mercy One Hospital
- Unity Point Health
- Broadlawns Clinics
- Dallas County Hospital

**Human/Social Service Agencies**
- United Way of Central Iowa
- Waukee Area Christian Services
- American Cancer Society
- Aging Resources of Central Iowa
- Disability Rights Iowa
- New Opportunities
Challenges & Underserved Populations

- Growing population
- Limited capacity to serve
- Preliminary concerns outlined in HIRTA Business Plan: “2021 and Beyond”
- Lack of mobility access to healthcare: 39% missed at least 1 appointment per 2014 survey from NLAPH
  - Disability a major barrier
  - Dallas County CHNA Survey: “access to healthcare” as the top factor for a “healthy community.”
Proposed Solutions

- Enhance tools available to Health Navigators
- Integration transportation and healthcare appointments
- Improve wayfinding
- Improve quality of real-time trip information
- Focus on addressing disability barriers
- Enhance on-board experience
- Enhance billing and payments experience
- Increase system capacity through partnership
## Proposed Solutions

<table>
<thead>
<tr>
<th>Population</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>(1) Wayfinding services; (2) Smart device (3) Contactless payment solution</td>
</tr>
<tr>
<td>Seniors</td>
<td>(1) Smart (2) Telephone number to call for services; (3) Maintains independence; (4) Solution/service ease of use</td>
</tr>
<tr>
<td>Rural</td>
<td>(1) Access to healthcare appointments; (2) Challenges in coordination; (3) Cost; (4) Maintains independence; (5) Solution/service ease of use; (6) Long distance travel.</td>
</tr>
<tr>
<td>Veterans</td>
<td>Same needs as above</td>
</tr>
<tr>
<td>LEP</td>
<td>Address language barriers in systems/tools</td>
</tr>
</tbody>
</table>
Proposed Solutions

2. Vehicle Dispatched and Arrives
3. Wayfinding and Boarding the Correct Vehicle
4. In-vehicle Information
5. Arrival at Healthcare Center
6. Wayfinding at the Healthcare Center
7. Guidance on Intake and Wait-time
8. As-needed Wayfinding/Customer Information
9. Appointment Complete
10. Return Ride Requested
Proposed Solutions

Phase 1 (12 months)
- ConOps Complete
- Deployment Plan Complete
- Requirements Complete

Phase 2 (18 months)
- Design Complete
- Development Complete
- Testing and Training Complete
- Go-Live

Phase 3 (18 months)
- Rollout to other sites Complete
<table>
<thead>
<tr>
<th>Category</th>
<th>Key Performance Indicators (KPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>Total ridership, Trips per hour</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Total cost, Budget variance, Cost per trip, Subsidy per trip, Revenue/cost ratio, On-time performance, Passengers per hour, Ride times</td>
</tr>
<tr>
<td>Quality</td>
<td>Average trip time, Average miles per trip, Average wait time, Number of missed appointments, Complaints per 100 rides, Brand awareness, Number of no-shows</td>
</tr>
<tr>
<td>Impact</td>
<td>Net ridership change, Access to medical appointments, Financial impacts and benefits to the health care community</td>
</tr>
<tr>
<td>Safety</td>
<td>Accidents per passenger, Passenger Injuries, Driver Injuries</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Comments per passenger, Complains</td>
</tr>
<tr>
<td>Performance</td>
<td>Change in number of trips, Change in number of revenue miles/hours, Change in non-revenue miles/hours</td>
</tr>
</tbody>
</table>
Integrated Deployment

Program Management/Stakeholder Engagement

Feasibility and Planning

Concept Development and Design

Verification (iterative)

Installation and Configuration

Risk Management
Quality Assurance
Change Management
Communications

System Adoption

Operations, Maintenance, Evaluation, Enhancements

Testing and Acceptance
Integrated Deployment: Example Process

Phase 0: Initiate
- Project Kickoff,
- Pre-Discovery Survey,

Phase 1: Design
- Operations Assessment,
- Design Review, Sign-off.

Phase 2: Build
- Vendor Assembly Test

Phase 3: Educate
- Tailored training of your staff.

Phase 4: Deploy

Phase 5: System Acceptance
- Sign-off & transition to Care.
Challenges & Risks

- Challenges
  - Stakeholder engagement
  - System integration
  - Adoption and change management

- Risks
  - Types: Program, Technical, Financial, Institutional
  - Risk Management Plan
## Challenges & Risks: Sample Risk Matrix

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk</th>
<th>Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>Technology obsolescence</td>
<td>Focus on functional aspect of solution</td>
</tr>
<tr>
<td>Technical</td>
<td>Better alternatives may emerge</td>
<td>Analyze upcoming trends during ConOps</td>
</tr>
<tr>
<td>Technical</td>
<td>Open interfaces may be difficult</td>
<td>Explore both API-based and open-data based approaches</td>
</tr>
<tr>
<td>Technical</td>
<td>Technology providers may cease business</td>
<td>ConOps and System Requirements must focus on open interfaces</td>
</tr>
<tr>
<td>Institutional</td>
<td>Partners may lose interest</td>
<td>Develop a strong Stakeholder engagement plan</td>
</tr>
<tr>
<td>Institutional</td>
<td>Roles may be conflicting</td>
<td>Develop a thorough Institutional and Partnership Plan</td>
</tr>
<tr>
<td>Financial</td>
<td>Federal funds may fall short</td>
<td>Build contingency when requesting Phase 2 funds; Explore cost-share with partners and broader industry partners</td>
</tr>
<tr>
<td>Financial</td>
<td>Lack of operating funds</td>
<td>Develop long-term financial plan with backup</td>
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